

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44E232	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/01/2017
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NAME OF PROVIDER OR SUPPLIER

BLEDSOE COUNTY NURSING HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

107 WHEELERTOWN AVENUE

PIKEVILLE, TN 37367

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS	K 000		
K 211 SS=D	<p>A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 05/01/2017. During this Life Safety Survey, Bledsoe County Nursing Home was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101-2012.</p> <p>The requirement at 42 (CFR), Subpart 483.70(a) is NOT MET as evidenced by: NFPA 101 Means of Egress - General</p> <p>Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the means of egress.</p> <p>The findings included:</p> <p>Observation on 05/01/2017 at 8:45 AM, revealed the emergency egress pathway in the courtyard was obstructed by a picnic table and a chair. NFPA 101, 19.2.3.4* (2012 Edition)</p> <p>Maintenance staff was present when the deficiencies were identified and the administrator</p>	K 211	<p>K211 Means of Egress</p> <p>1. On 05/02/2017 obstructions (picnic table and chair) to the emergency pathway in the courtyard were removed.</p> <p>2. On 05/02/2017, the Director of Maintenance and the Assistant Administrator initiated a walkthrough of the emergency egress pathways around and within the Facility to determine if there were any further obstructions to emergency egress. None were found.</p> <p><i>Continued</i></p>	5/2/2017

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 211 SS=D	<p>A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 05/01/2017. During this Life Safety Survey, Bledsoe County Nursing Home was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101-2012.</p> <p>The requirement at 42 (CFR), Subpart 483.70(a) is NOT MET as evidenced by: NFPA 101 Means of Egress - General</p> <p>Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the means of egress.</p> <p>The findings included:</p> <p>Observation on 05/01/2017 at 8:45 AM, revealed the emergency egress pathway in the courtyard was obstructed by a picnic table and a chair. NFPA 101, 19.2.3.4* (2012 Edition)</p> <p>Maintenance staff was present when the deficiencies were identified and the administrator</p>	K 211	<p>3. Beginning 05/02/2017 a monthly Facility Exterior Checklist and Interior Checklist were revised (see attachment #1 and #2) to monitor Facility emergency means of egress as well as other safety and operational requirements. The Checklist will be utilized by the Maintenance Department to record the monthly checks. Copies of the completed checklist will be provided to the Administrator.</p> <p>4. The Director of Maintenance will make an initial report on this finding and the other findings on this survey, as well as the corrective action implemented, to the QA/QI Committee at the next quarterly meeting and for the next 3 quarterly meetings. The Assistant Administrator will brief the Governing Body (Bledsoe County Nursing Home Board of Directors) at their quarterly board meeting.</p>		

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K 211	Continued From page 1 acknowledged the deficiencies during the exit conference on 05/01/2017.				
K 321 SS=D	<p>NFPA 101 Hazardous Areas - Enclosure</p> <p>Hazardous Areas - Enclosure 2012 EXISTING</p> <p>Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door.</p> <p>Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1</p> <p>Area Automatic Sprinkler Separation N/A</p> <p>a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain hazardous areas.</p>	K 321	<p>K321 Hazardous Areas-Enclosure, fire stopping material</p> <p>1. On 05/03/2017 the unapproved fire-stopping material (foam) sealing a penetration in the kitchen dry goods storage room was removed and replaced with "SpecSeal LCI Sealant" according to the attached "System" sheet (see attachment #3).</p> <p>2. On 05/03/2017, the Director of Maintenance and the Assistant Administrator initiated an inspection of the Facility to determine if there were any further un-approved fire- stopping material in use. None were found.</p> <p>3. Beginning 05/03/2017 the Director of Maintenance will do a visual inspection of any modifications or additions to the facility to ensure all smoke barrier penetrations are sealed using approved fire-stopping materials.</p> <p><i>Continued</i></p>	5/9/2017	

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K 321	Continued From page 2 The findings included: 1. Observation on 05/01/2017 at 8:14 AM, revealed an unapproved fire-stopping material (foam) sealing a penetration in the kitchen dry goods storage room. NFPA 101, 19.3.2.1.2 (2012 Edition) NFPA 101, 8.4.4.1 (2012 Edition). 2. Observation on 05/01/2017 at 8:15 AM and 8:16 AM, revealed the doors to the dry goods storage room and dry food storage room were not self-closing. NFPA 101, 19.3.2.1.3 (2012 Edition) Maintenance staff was present when the deficiencies were identified and the administrator acknowledged the deficiencies during the exit conference on 05/01/2017.	K 321	4. The Director of Maintenance will make an initial report on this finding and the other findings on this survey, as well as the corrective action implemented, to the QA/QI Committee at the next quarterly meeting and for the next 3 quarterly meetings. The Assistant Administrator will brief the Governing Body (Bledson County Nursing Home Board of Directors) at their quarterly board meeting.		
K 351 SS=D	NFPA 101 Sprinkler System - Installation Sprinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)				

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K 211	Continued From page 1 acknowledged the deficiencies during the exit conference on 05/01/2017.				
K 321 SS=D	<p>NFPA 101 Hazardous Areas - Enclosure</p> <p>Hazardous Areas - Enclosure 2012 EXISTING</p> <p>Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door.</p> <p>Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1</p> <p>Area Automatic Sprinkler Separation N/A</p> <p>a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain hazardous areas.</p>	K 321	<p>K321 Hazardous Areas-Enclosure, self-closing hardware</p> <p>1. On 05/09/2017 the self-closing hardware for the doors to the dry goods storage room and dry food storage room were installed.</p> <p>2. On 05/02/2017, the Director of Maintenance and the Assistant Administrator initiated an inspection of the Facility to determine if there were any further doors to Hazardous Areas not equipped with functional self-closing hardware. None were found.</p> <p>3) Beginning 05/02/2017 a monthly Facility Exterior Checklist and Interior Checklist were revised (see attachment #1 and #2) to monitor Facility self-closing doors as well as other safety and operational requirements. The Checklist will be utilized by the Maintenance Department to record the monthly checks. Copies of the completed checklist will be provided to the Administrator.</p> <p><i>Continued</i></p>	5/9/2017	

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K 351 SS=D	NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)	K 351	K351 Sprinkler System- Installation 1. The decorative (nonloadbearing) intervening header blocking the existing sprinkler head from covering the full equipment closet was removed on 5/22/2017. 2. On 05/02/2017, the Director of Maintenance and the Assistant Administrator initiated an inspection of the Facility to determine if there were any further missing sprinkler heads or obstructed sprinkler heads. None were found. <i>Continued</i>	5/22/2017	

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K 351	Continued From page 3 This STANDARD is not met as evidenced by: Based on observations, the facility failed to have sprinklers where required. The findings included: Observation on 5/1/17 at 8:51 AM, revealed no sprinkler coverage in a portion of the equipment closet in between patient room 102 and 103. NFPA 101, 19.3.5.1 (2012 Edition) NFPA 101, 9.7 (2012 Edition) NFPA 13, 8.6.5.2 (2010 Edition) The director of maintenance was present when these deficiencies were identified and they were later acknowledged by the administrator (interim) during the exit conference on 5/1/17.	K 351	3) Beginning 05/02/2017 a monthly Facility Exterior Checklist and Interior Checklist were revised (see attachment #1 and #2) to monitor Facility sprinkler heads as well as other safety and operational requirements. The Checklist will be utilized by the Maintenance Department to record the monthly checks. Copies of the completed checklist will be provided to the Administrator. 4) The Director of Maintenance will make an initial report on this finding and the other findings on this survey, as well as the corrective action implemented, to the QA/QI Committee at the next quarterly meeting and for the next 3 quarterly meetings. The Assistant Administrator will brief the Governing Body (Bledsoe County Nursing Home Board of Directors) at their quarterly board meeting.		
K 353 SS=D	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25				

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K 353 SS=D	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25	K 353	K353 Sprinkler System- Maintenance and Testing, corroded sprinklers 1) On 05/02/2017 the Director of Maintenance contacted Tyco Simplex Grinnell, a sprinkler installation and maintenance company to replace the corroded sprinkler heads (see attachment #4). 2) On May 2, 2017, the Director of Maintenance and the Assistant Administrator initiated an inspection of the Facility to determine if there were any further corroded sprinkler heads. None were found. <i>Continued</i>	5/24/2017	

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K 353	<p>Continued From page 4</p> <p>This STANDARD is not met as evidenced by: Based on observations and document review, the facility failed to maintain the sprinkler system.</p> <p>The findings included:</p> <p>1. Observation on 5/1/17 at 8:30 AM-10:34 AM, revealed corroded sprinklers in the following locations:</p> <p>a. A hall shower room (3) b. Corridor across from nurse station 1 (1) NFPA 101, 19.3.5.1 (2012 Edition) NFPA 101, 9.7.1.1 (2012 Edition) NFPA 13, 26.1 (2010 Edition) NFPA 25, 5.2.1.1.2 (2011 Edition)</p> <p>2. Observation on 05/01/2017 at 8:37 AM, revealed the post indicator valve mounted outside the kitchen back door was missing its indicator sign. NFPA 101, 19.3.5.1 (2012 Edition) NFPA 101, 9.7.1.1 (2012 Edition) NFPA 13, 8.16.1.1.4.1 NFPA 13, 26.1 (2010 Edition) NFPA 25, 4.1.4.1 (2011 Edition)</p> <p>3. Observation on 5/1/17 at 8:46 AM, revealed a sprinkler not parallel with the ceiling located in the corridor outside of patient room 103. NFPA 101, 19.3.5.1 (2012 Edition) NFPA 101, 9.7.1.1 (2012 Edition) NFPA 13, 8.5.4.2 (2010 Edition)</p> <p>4. Document review and phone interview with a sprinkler technician on 5/1/17 at 9:26 AM, revealed sprinkler reports dating 06/06/2016, 09/12/2016 and 02/23/2017 noted a deficiency of the dry sprinkler system did not trip within one minute of testing. NFPA 101, 19.3.5.1 (2012 Edition) NFPA 101, 9.7.1.1 (2012 Edition) NFPA 13, 7.2.3.2 (2010 Edition)</p>	K 353	<p>3) Beginning 05/02/2017 a monthly Facility Exterior Checklist and Interior Checklist were developed (see attachment #1 and #2) and implemented to monitor Facility sprinkler heads for corrosion as well as other safety and operational requirements. The Checklist will be utilized by the Maintenance Department to record the monthly checks. Copies of the completed checklist will be provided to the Administrator.</p> <p>4) The Director of Maintenance will make an initial report on this finding and the other findings on this survey, as well as the corrective action implemented, to the QA/QI Committee at the next quarterly meeting and for the next 3 quarterly meetings. The Assistant Administrator will brief the Governing Body (Bledsoe County Nursing Home Board of Directors) at their quarterly board meeting.</p>		

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K 353	<p>Continued From page 4</p> <p>This STANDARD is not met as evidenced by: Based on observations and document review, the facility failed to maintain the sprinkler system.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Observation on 5/1/17 at 8:30 AM-10:34 AM, revealed corroded sprinklers in the following locations: a. A hall shower room (3) b. Corridor across from nurse station 1 (1) NFPA 101, 19.3.5.1 (2012 Edition) NFPA 101, 9.7.1.1 (2012 Edition) NFPA 13, 26.1 (2010 Edition) NFPA 25, 5.2.1.1.2 (2011 Edition) 2. Observation on 05/01/2017 at 8:37 AM, revealed the post indicator valve mounted outside the kitchen back door was missing its indicator sign. NFPA 101, 19.3.5.1 (2012 Edition) NFPA 101, 9.7.1.1 (2012 Edition) NFPA 13, 8.16.1.1.4.1 NFPA 13, 26.1 (2010 Edition) NFPA 25, 4.1.4.1 (2011 Edition) 3. Observation on 5/1/17 at 8:46 AM, revealed a sprinkler not parallel with the ceiling located in the corridor outside of patient room 103. NFPA 101, 19.3.5.1 (2012 Edition) NFPA 101, 9.7.1.1 (2012 Edition) NFPA 13, 8.5.4.2 (2010 Edition) 4. Document review and phone interview with a sprinkler technician on 5/1/17 at 9:26 AM, revealed sprinkler reports dating 06/06/2016, 09/12/2016 and 02/23/2017 noted a deficiency of the dry sprinkler system did not trip within one minute of testing. NFPA 101, 19.3.5.1 (2012 Edition) NFPA 101, 9.7.1.1 (2012 Edition) NFPA 13, 7.2.3.2 (2010 Edition) 	K 353	<p>K353 Sprinkler System- Maintenance and Testing, post indicator valve.</p> <ol style="list-style-type: none"> 1. On 05/02/2017 the Director of Maintenance contacted Tyco Simplex Grinnell, a sprinkler installation and maintenance company to inspect and repair the sprinkler system. They installed a new Post Indicator Valve 05/24/2017. 2. There are no other post indicator valve signs in the building. 3. Beginning 05/02/2017 a monthly Facility Exterior Checklist and Interior Checklist were developed (see attachment #1 and #2) and implemented to monitor post indicator valve sign as well as other safety and operational requirements. The Checklist will be utilized by the Maintenance Department to record the monthly checks. Copies of the completed checklist will be provided to the Administrator. <p style="text-align: right;"><i>Continued</i></p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44E232	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/01/2017
NAME OF PROVIDER OR SUPPLIER BLEDSON COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367		
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K 353	Continued From page 5 The director of maintenance was present when these deficiencies were identified and they were later acknowledged by the administrator (interim) during the exit conference on 5/1/17.	K 353	<p>4. The Director of Maintenance will make an initial report on this finding and the other findings on this survey, as well as the corrective action implemented, to the QA/QI Committee at the next quarterly meeting and for the next 3 quarterly meetings. The Assistant Administrator will brief the Governing Body Bledson County Nursing Home Board of Directors) at their quarterly board meeting.</p> <p>K353 Sprinkler System- Maintenance and Testing, sprinkler not parallel to the ceiling.</p> <p>1) On 05/02/2017 the Director of Maintenance contacted Tyco Simplex Grinnell, a sprinkler system installation and maintenance company to inspect and repair the sprinkler system. The Company adjusted the sprinkler heads on 05/24/2017 (see attachment #4).</p> <p>2) On 05/02/2017 the Director of Maintenance and Assistant Administrator conducted a facility walk through to determine if there any further sprinkler heads out of alignment. None were found.</p>		

Continued

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44E232	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/01/2017
NAME OF PROVIDER OR SUPPLIER BLED SOE COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367		
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K 353	Continued From page 5 The director of maintenance was present when these deficiencies were identified and they were later acknowledged by the administrator (interim) during the exit conference on 5/1/17.	K 353	3) Beginning 05/02/2017 a monthly Facility Exterior Checklist and Interior Checklist were developed (see attachment #1 and #2) and implemented to monitor Facility sprinkler heads for corrosion as well as other safety and operational requirements. The Checklist will be utilized by the Maintenance Department to record the monthly checks. Copies of the completed checklist will be provided to the Administrator. 4) The Director of Maintenance will make an initial report on this finding and the other findings on this survey, as well as the corrective action implemented, to the QA/QI Committee at the next quarterly meeting and for the next 3 quarterly meetings. The Assistant Administrator will brief the Governing Body (Bledsoe County Nursing Home Board of Directors) at their quarterly board meeting.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44E232	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/01/2017
NAME OF PROVIDER OR SUPPLIER BLEDSOE COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367		
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K 353	Continued From page 5 The director of maintenance was present when these deficiencies were identified and they were later acknowledged by the administrator (interim) during the exit conference on 5/1/17.	K 353	<p>K353 Sprinkler System- Maintenance and Testing, trip test</p> <p>1) On 05/02/2017 the Director of Maintenance contacted Tyco Simplex Grinnell, a sprinkler system installation and maintenance company, to inspect and repair the sprinkler system. The company conducted a full-system flush to clean the system plumbing. The system was obstructed by debris. After flushing, the system was tested and tripped within the required one</p> <p>2) This is the only sprinkler system in the facility.</p> <p style="text-align: right;"><i>Continued</i></p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44E232		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/01/2017	
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K 363	Continued From page 5 The director of maintenance was present when these deficiencies were identified and they were later acknowledged by the administrator (interim) during the exit conference on 5/1/17.			K 353	<p>3) Beginning 05/02/2017 a monthly Facility Exterior Checklist and Interior Checklist were developed (see attachment #1 and #2) and implemented to monitor Facility sprinkler heads for corrosion as well as other safety and operational requirements. The Checklist will be utilized by the Maintenance Department to record the monthly checks. Copies of the completed checklist will be provided to the Administrator.</p> <p>4) The Director of Maintenance will make an initial report on this finding and the other findings on this survey, as well as the corrective action implemented, to the QA/QI Committee at the next quarterly meeting and for the next 3 quarterly meetings. The Assistant Administrator will brief the Governing Body (Bledsoe County Nursing Home Board of Directors) at their quarterly board meeting in.</p>		